

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017738

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4126

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

1

2400823

3

4

5

6

7

8

9

10

11

1259-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Length of stay in 1b

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY

c. CITY OR TOWN Jennings, Road

d. STREET ADDRESS

9443 Jennings Road

St. Louis

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First OTTO

Middle

HEYDEL

Last

## 4. DATE OF DEATH

Month

Day

Year

April 11, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-1-1886

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no none

## 16. SOCIAL SECURITY NO.

4 Mrs. Dorothy Steele 9443 Jennings Rd.

## 17. INFORMANT

Address

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Infarction of Myocardium due to

Atherosclerotic Coronary Thrombosis

Atherosclerotic Coronary Artery Disease

Syst. +

## INTERVAL BETWEEN ONSET AND DEATH

48 hrs

48 hrs

5 yrs +

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Adenocarcinoma of Prostate &amp; Metastases

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

4201H

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-26-62 to 4-11-63 and last saw him alive on 4-11-63

Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Dylna A. Pottle M.D.

(Degree or title)

## 22b. ADDRESS

302 Woodland Med Bldg

## 22c. DATE SIGNED

4-12-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

15 Apr 63

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

## 23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

## 24. FUNERAL DIRECTOR

JOHN STYGAR &amp; SON

## ADDRESS

5541 Riverview Bl.

## 25. DATE RECD. BY LOCAL REG.

APR 12 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. M. Rister*

Licensed Embalmer No. 3980

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.